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## Acute Coronary Syndromes

### ANTITHROMBOTIC MEDICATION AND OUTCOMES AFTER MYOCARDIAL INFARCTION IN PATIENTS WITH ATRIAL FIBRILLATION NOT UNDERGOING PERCUTANEOUS CORONARY INTERVENTION

Poster Contributions

Poster Hall B1

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**Background:** In patients with atrial fibrillation the optimal antithrombotic therapy after myocardial infarction is uncertain.

**Methods:** We followed antithrombotic therapy 1 year after discharge for myocardial infarction in patients with atrial fibrillation not undergoing coronary intervention between October 2005 and December 2009. Patients were identified in SWEDEHEART, the Swedish coronary disease register and cross-matched with national drug and outcome registries. The outcome was a composite endpoint of death, reinfarction and ischemic stroke. Safety endpoint was all bleedings requiring hospitalization. The association between antithrombotic drugs and outcomes was assessed using Cox regressions balanced for confounders included in the CHA2DS2-VASc score.

**Results:** Of 7662 patients included in this study, 3515 (45.9%) were at discharge prescribed single antiplatelet therapy, 1365 (17.8%) warfarin monotherapy, 2077 (27.1%) dual antiplatelet therapy, 656 (8.6%) warfarin + single antiplatelet and 49 (0.6%) triple therapy (warfarin + two antiplatelet agents). Outcomes are presented in the figure.

**Conclusion:** In patients with atrial fibrillation and myocardial infarction not undergoing coronary intervention, as compared to dual antiplatelet therapy, treatment with warfarin and warfarin + single antiplatelet agent was associated with a lower 1-year risk of death, reinfarction and ischemic stroke, without an increase in major bleeding. Few patients were prescribed triple therapy.

